

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10/61758

FILING DATE

8

APPLICANT(S)

| | | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | CLAIMS | |
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| TOTAL IND. | 3 | | | 3 | | 3 | | | |
| TOTAL DEP. | 24 | | | 24 | | 24 | | | |
| TOTAL CLAIMS | 27 | | | 27 | | 27 | | | |